

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CAPA21- Federal</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> <b>C</b> C00564690         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			
		M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2016	

Full Name of Payee <b>Greenlight Media Strategies, LLC</b>			Date of Public Distribution/Dissemination	
Mailing Address 32 Court Street, Suite 2109			M M M / D D D / Y Y Y Y Y Y 02 / 08 / 2016	
City Brooklyn	State NY	Zip Code 11201	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">11000.00</div>	
Purpose of Expenditure Mail Piece		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">24E</div>	Transaction ID : EDT.E.10 Date of Disbursement or Obligation	
			M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016	
Name of Federal Candidate Hillary Clinton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
			<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">11000.00</div>	

Full Name of Payee			Date of Public Distribution/Dissemination	
Mailing Address			M M M / D D D / Y Y Y Y Y Y	
City	State	Zip Code	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>	
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>	Date of Disbursement or Obligation	
			M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
			<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">11000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">11000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Rita Copeland*

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
 02 / 18 / 2016

Signature